

TELEPHONE (312) 258-5500



SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

In re application of: **Susanne WIKANDER**

GROUP ART UNIT: 2882

SERIAL NO.: 10/691,407

EXAMINER:

FILED: October 22, 2002

CONFIRMATION NO.: 6846

TITLE: "MAMMOGRAPHY COMPRESSION PLATE AND X-RAY DIAGNOSTIC APPARATUS
EMPLOYING SAME"

AMENDMENT "A" PRIOR TO ACTION MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	**20	X 2	() X 9.00 () X 18.00	\$
INDEP. CLAIMS	*	MINUS	3	X	() X 40.00 () X 80.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$135.00 () \$270.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ is attached.
- ☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 15, 2004.

Steven H. Noll

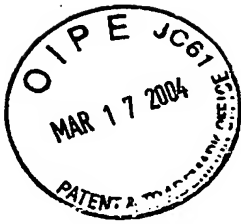
NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

March 15, 2004

DATE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A" PRIOR TO ACTION

APPLICANTS: Susanne WIKANDER CONFIRMATION NO.: 6846
SERIAL NO.: 10/691,407 GROUP ART UNIT: 2882
FILED: October 22, 2003
TITLE: "MAMMOGRAPHY COMPRESSION PLATE AND X-RAY
DIAGNOSTIC APPARATUS EMPLOYING SAME"

MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

S I R:

Applicant herewith amends the above-referenced application as follows, and requests entry of the Amendment prior to examination on the merits.